

# Quality Project HIV Best Practices Briefer #5

## Expanding Access to HIV Testing and Counseling for Key Populations

### Background

In Kyrgyzstan, as is the case across all of Central Asia, key populations are the most HIV-affected and -infected groups, and yet receive some of the most limited access to HIV testing and counseling. Without the appropriate knowledge of HIV status that comes with reliable, high-quality testing, key populations cannot be linked to HIV care and treatment – which means both increased morbidity and mortality for these populations, as well as a lost public health opportunity to reduce transmission through effective treatment of people living with HIV.

In other settings around the world, rapid HIV test kits are used regularly as a means of reliable, efficient testing, allowing people to get their results in as little as five minutes, and to immediately be counseled on continued risk reduction (for a negative result) and/or confirmatory testing and linkage to appropriate care (for a positive result). The simplicity of rapid testing technology also allows it to be performed by non-medical staff, such as NGO workers. Both of these factors – expediency and ability to be performed in a comfortable NGO setting – are important for attracting more key populations to be tested regularly.

In November 2012, after approximately six months of preparation with technical assistance from the Quality Project, the United Nations Development Programme (UNDP) Grant Implementation Unit, as the Principle Recipient of the Global Fund HIV grant in Kyrgyzstan, launched an 11-site rapid testing pilot through NGOs. The Quality Project continued to provide ongoing mentoring to both NGOs and UNDP staff on program implementation, and, in April 2013, assisted in conducting a 6-month assessment of the pilot's results to date.

### Implementation Details

Global experience has shown that the use of rapid test kits by NGOs is safe and effective, and provides increased access to testing for key populations. However, the introduction of an entirely new arm of the testing system requires significant and careful support. The Quality Project provided the following assistance to UNDP, AIDS Centers and NGOs to support this introduction:

1. Site selection through on-site assessments of staff capacity, infrastructure and potential for productive partnership with AIDS Centers
2. Support for logistics, procurement and supply management of test kits for both UNDP and NGOs
3. Development of a monitoring system for UNDP to track both test kit stocks and testing data, in partnership with AIDS Centers
4. Training of NGO staff on rapid testing methods (in the form of a co-trainer for UNDP contracted trainer)
5. Ongoing mentoring and support of NGO staff implementing rapid testing on-site
6. Six-month interim assessment of rapid testing pilot results, focusing on patient and implementer satisfaction and experience

While the Quality Project's role in this activity track became significantly more limited by Autumn 2012, due to changing priorities and realignment with the PEPFAR ROP, the contributions made in establishing the rapid testing pilot were still significant and could be easily replicated should PEPFAR decide to reprioritize these types of pilots in collaboration with other funding partners, including Global Fund (Tajikistan) or host country governments (Kazakhstan).

## Outcomes

The 2013 mid-term evaluation of the rapid testing pilot reported the following outcomes:

- Improved **NGO and AIDS Center collaboration** at sites where the pilot NGO-based rapid testing was introduced.
- Significantly **increased coverage of key populations** by HIV counseling and testing services. The highest increase was among MSM, with a 500% increase over the same period the previous year.
- **High satisfaction with services** for almost all of the individuals from key populations that received rapid testing services.
- Improved **linkage of patients who were previously lost-to-follow-up** back to care and treatment services.

While these interim results are early outcomes, they reflect an important shift towards key population-friendly testing, and integrate the work of NGOs into another level of the HIV continuum of care. This has the potential to lead to improved outcomes for individuals receiving testing and care, and ultimately impact the incidence and prevalence of Kyrgyzstan's HIV epidemic by linking more people to antiretroviral treatment, resulting in more suppressed viral loads and reduced onward transmission.

## Suggested Next Steps

While rapid testing activities continue under the PEPFAR ROP within the medical setting, no other party in Central Asia is focusing on expanding access in the NGO setting – a critical place to reach key populations who are reluctant to engage in care with the government system. Therefore, it is strongly suggested that PEPFAR consider re-engaging in activities related to NGO-based HIV testing as a key step in improving continuum of care for key populations. Specifically:

- The Kyrgyzstan rapid testing pilot continues to need technical assistance on a regular basis. The success of this pilot will determine the future of HIV testing in Kyrgyzstan, and appropriate support should be prioritized.
- Tajikistan has also expressed interest in expanding access to testing at both the primary care level and through NGOs; some promising results have been seen through the limited piloting of rapid testing by medical staff in mobile units on-site at NGOs. Exploration of these concepts should be encouraged, and technical assistance should be provided to UNDP and other implementing partners who have access to Global Fund funds for these purposes, but little technical capacity to develop and effective rapid testing program.
- Kazakhstan has also expressed interest in introducing rapid testing more widely, using available government funds. It is anticipated that rapid testing will be included in the HIV strategic plan that corresponds to the 2016-2020 health sector strategy. While NGO infrastructure and coverage in Kazakhstan remains weak, and testing is likely to be implemented primarily through government trust points, possibilities for providing technical support for implementation of these programs should be considered.

## Further Reading

Bolotbaeva, Aisuluu. 2013. *Mid-term review of pilot NGO-based voluntary counseling and rapid testing for HIV program in Kyrgyz Republic*. United Nations Development Programme Grant Implementation Unit, Bishkek, Kyrgyzstan. [Unpublished draft]

Thumath, Meghan; Bolotbaeva, Aisuluu; Parsons, Danielle and Burrows, Dave. 2011. *Individual, Social and Structural Barriers to ARV Adherence in Kyrgyzstan and a Proposed Plan of Action* Bethesda, MD. Quality Health Care Project in the Central Asian Republics, Abt Associates Inc. [Unpublished draft]

Coughlan, Marie; Manukyan, Aram; Bolotbaeva, Aisuluu; Parsons, Danielle and Burrows, Dave. August 2011. *HIV Counseling and Testing in Kyrgyzstan, Kazakhstan and Tajikistan*. Bethesda, MD. Quality Health Care Project Central Asian Republics, Abt Associates Inc.